Under the Peperwork Reduction Act of 1895, no persons are required to respond to a collection of information uniters & displays a year OMB controllumber. U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMERCE Subaltule for Form PTO-875 Apploalled a Body During Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAI OR FOR HUMBER FILED SMALL ENTITY NUMBER EXTRA BASIC FEE RATE (1) (3) CFR 1.16(0), (b), or (c)) FEE (I) ₩A SEARCH FEE (3) CFR 1 16[N; N; ox (m)) NA FEL (I) 150.00 N/A NA NA. 300.00 EXMINATION FEE NA \$260 (37 CFR 1.16(0), (p), or (q)) NA N/A \$500 HIA TOTAL CLAME NA \$100 (37 CFR 1.16(H) NIA \$200 INDEPENDENT CLAIMS MINUS 20 a X\$ 25 (37 CFR 1.16(N) X\$50 OR minus 3 e X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due FEE Is \$250 (\$125 for small entity) for each (37 CFR 1.18(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= "If the difference in column 1 is less than zero, enter "o" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS REMAINING SMALL ENTITY OR OTHER THAN HIGHEST 00 **NUMBER** PRESENT ENDMENT AFTER PREVIOUSLY RATE (1) EXTR ADDI-MENDMENT PAID FOR RATE (1) Total profe may HONAL ADOL Minus FEE (1) TIONAL AT CFR LIGHT X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.140) +180= +360= OR TOTAL ADD'L FEE TOTAL (Column 1) ADO'L FEE (Column 2) (Column 3) CLAIMS HIGHEST NUMBER 8 REMAINING PRÉSENT AFTER AMENDMENT RATE (1) PREVIOUSLY **JOMEN** ADDI: EXTRA RATE (1) Total profesion PAID FOR ADDI-TIONAL Minus FEE (1) THONAL FEE (1) Independent PI OFR LIGHT X\$ 25 Minus OR X\$50 Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140) +180= +360z OR TOTAL If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Instance of the individual is required by \$1 CFR 1.16. The information is required to obtain be retain a bangin by the public which is to life (and by the including pathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the emount of that you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS If the entry in column 1 is less than the entry in column 2, write "O" in column 3. TOTAL ADD'L FEE